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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE I OF I Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full)		
Sterns & Weinroth, A.Prof	essional Corpora	tion
Name of Employer Sterns & Weinroth Att	Zip Code 18977 301218 orney Year-to-Date ▼	Date of Receipt 05
Full Name (Last, First, Middle Initial) Jayne, Roxanne E. Mailing Address 15 Richey Place City Trenton State Zip Code 08618		Date of Receipt 06 10 2008
FEC ID number of contributing tederal political committee. Name of Employer Sterns & Weinroth Receipt For: Primary Other (specify)	301218	Amount of Each Receipt this Period
Name of Employer Sterns & Weinroth Att	Zip Code 08558 0301218 on orney e Year-to-Date ▼	Date of Receipt 96 17 2008 Amount of Each Receipt this Period 125 00
SUBTOTAL of Receipts This Page (optional)		475,00 475,00